

Department of Labor & Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530



NOTICE TO ATTENDING PHYSICIAN OF APPRENTICE/OJT ACCIDENT/INCIDENT

To: Attending Physician

From: Sponsor Representative

Re:

Name of Registered Apprentice/OJT	Registered Apprentice/OJT Registration Number
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Your patient is currently registered with the Washington State Apprenticeship and Training Council.

Should a claim be filed with the Department of Labor and Industries as a result of an accident/incident to the individual during Related Supplemental Instruction (RSI), please ensure that the employer is identified as:

Washington State Apprenticeship and Training Council

Department of Labor and Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530

Please attach this form to the Accident Report - Report of Industrial Injury or Occupational Disease (F242-130-000). Forward the employer's portion of this to the above address.

Date	Signature of Sponsor Representative
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